

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hongmei	2. Surname (Last Name) Ding	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Yu
5. Manuscript Title Drug-induced chronic cough and the possible mechanism of action		
6. Manuscript Identifying Number (if you know it) APM-20-819		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Ding has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Cuiqin	2. Surname (Last Name) Shi	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Yu
5. Manuscript Title Drug-induced chronic cough and the possible mechanism of action		
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Section 1. Identifying Information

1. Given Name (First Name)
Xianghuai

2. Surname (Last Name)
Xu

3. Date
01-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
APM-20-819

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Li

2. Surname (Last Name)

Yu

3. Date

01-July-2020

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